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APPLICANTS
 Thomas Knodler, Icking, GERMANY;
 Dieter Ebert, Munchen, GERMANY;
 Horst Woydich, Wolfratshausen, GERMANY;
 Frank Knocke, Ebersberg, GERMANY;

**** CONTINUING DATA *******
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**** SMALL ENTITY ****

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY GERMANY	SHEETS DRAWING	TOTAL CLAIMS 10	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged Examiner's Signature _____ Initials _____			

ADDRESS
 Paul D Greeley
 Ohlandt Greeley Ruggiero & Perle LLP
 One Landmark Square 10th Floor
 Stamford, CT 06901-2682

TITLE
 Information carrier

FILING FEE RECEIVED 625	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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